



**DONCASTER MIND BEFRIENDING SCHEME
CLIENT APPLICATION FORM**

Notes

Before completing this referral form, please ensure that you have read the Referral Information leaflet. This form must be completed as fully as possible for a referral to be processed effectively. Referrals by professional workers should be completed in partnership with their client, and include a copy of their latest CPA review and risk assessment form.

Client details:	Date
Name _____	Date of Birth _____
Address _____ _____	Age _____
Tel No. _____	Nationality _____
Email address _____	
Emergency Contact Name and contact No. _____	

Referred by:	
Name _____	Relationship to Client _____
Address _____ _____	
Tel No. _____	
Email _____	

Care Co-ordinator (Mental Health Worker) _____
GP Name and address _____ _____
Consultant _____

MENTAL HEALTH DETAILS (Briefly describe the clients mental health difficulties, if possible, diagnosis, current treatments and any other relevant information which might help assess suitability for Befriending)

THIS BOX MUST BE COMPLETED

CLIENTS INTERESTS/HOBBIES (Please list as many interests as possible as this is an important factor when matching volunteers with clients)

RISK ASSESSMENT Is there any information that Doncaster Mind Befriending Scheme should know that might affect the safety/health of the prospective volunteer and client?

* Please remember to attach copy of CPA Review and risk assessment form.

ADDITIONAL INFORMATION

Return to: Doncaster Mind Befriending Scheme
Oracle House
2-5 Princes Street
Doncaster DN1 3NJ



Information provided will be kept safely and securely in accordance with Doncaster Mind's Data Protection Policy, However, please be aware that in exceptional circumstances we may need to share information with a third party. In these situations we will work within Doncaster Mind's Confidentiality Policy.

